



**Semiannual Report 1**  
**October 1, 1997 – March 31, 1998**  
**Cooperative Agreement HRN-A-00-97-00017-00**

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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANE	Asia Near East bureau
BCC	Behavior Change Communication
BUCEN	Bureau of the Census
CD	Country Director
CDC	Centers for Disease Control and Prevention
CO	country office
CONASIDA	Consejo Nacional para la Prevencion y Control del SIDA: “National AIDS Commission”
COP	Chief of Party
CSM	condom social marketing
CSW	commercial sex worker
DHHS	Department of Health and Human Services
DOH	Department of Health
FHI	Family Health International
FP	family planning
FFS	Fundacion Fomento en Salud
HIV	human immunodeficiency virus
HIVD	HIV/AIDS Division
IEC	information, education and communication
IMPACT	Implementing AIDS Prevention and Care Project
IPPF	International Planned Parenthood Federation
ITM	Institute of Tropical Medicine
IVDU	intravenous drug user
KAP	knowledge, attitudes and practices
MAP	Monitoring the AIDS Pandemic
MCH	maternal and child health
MIS	Management Information System
MOH	Ministry of Health
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
MWM	men who have sex with men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NAP	National AIDS Program
NGO	non-governmental organization
PATH	Program for Appropriate Technology in Health
PHC	primary health care
PHE	peer health educator
PSI	Population Services International
PVO	private voluntary organization
PWAs	persons with AIDS

RA	resident advisor
REDSO/WCA	Regional Economic Development Services Office for West and Central Africa (USAID)
SFPS	Santé Familiale et prevention du SIDA
STD	sexually transmitted disease
STI	sexually transmitted infection
TA	technical assistance
TAG	Technical Advisory Group
TOT	training of trainers
TWG	technical working group
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WRI	World Relief International

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## **I. INTRODUCTION/BACKGROUND**

### **Program Description**

The Implementing AIDS Prevention and Care (IMPACT) Project is the USAID Global Bureau HIV/AIDS Division (HIVD) procurement for implementing HIV/AIDS interventions through Family Health International. The five-year cooperative agreement was signed on September 27, 1997 in support of the Global Bureau's Strategic Objective 4, "to promote the increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic."

Building on lessons learned from over a decade of experience in the field, IMPACT is designed to develop, refine, support and evaluate programming that will result in reducing sexual risk of HIV, improving STI services, minimizing contextual constraints, linking prevention and care at the community level, strengthening private sector responses to HIV/AIDS and improving monitoring and evaluation.

IMPACT offers the expertise of a number of globally-recognized organizations in the area of HIV-AIDS prevention and care including Family Health International, Population Services International, the Program for Appropriate Technology in Health, the Institute of Tropical Medicine in Antwerp, the University of North Carolina at Chapel Hill and Management Sciences for Health.

### **Summary of Planned Activities**

As to be expected, this first semi-annual report focuses primarily on steps undertaken to launch this major new program including staffing the project, articulating the project strategy for an expanded response to HIV prevention and AIDS mitigation, conducting Mission education/information efforts to promote IMPACT services, and finalizing the first year workplan. During this start-up phase, IMPACT was able to visit over 20 USAID programs around the world and to conduct intensive long-distance discussions with additional USAID Missions. Most importantly, however, IMPACT began providing support to the eleven countries which provided initial funding to the project in its first year: Madagascar, Rwanda, Zambia, Bangladesh, Cambodia, India, Philippines, Brazil, Honduras, Mexico and Nicaragua. To date, IMPACT has received funding or been advised of intention to receive FY98 field support from 24 USAID Missions as well as two USAID regional bureaus: the Asia Near East Bureau (ANE) and the Regional Economic Development and Support Office (REDSO) for West Africa.

### **General Assessment of Implementation Status**

IMPACT has been effectively transitioned from the AIDSCAP project. This transition facilitated the development or continuation of field activities in countries active under AIDSCAP (e.g., Brazil, Honduras). IMPACT was also launched with a full complement

of staff from day one of the cooperative agreement facilitating a smooth start up of the program. Although a number of IMPACT approaches and strategies will evolve from FHI's AIDSCAP experience, IMPACT begins with several notable innovations. These include the emphasis on developing improved field-based program and financial management systems and tools, a strong results-orientation to program planning, an even greater emphasis on broad participation in program design, implementation and evaluation, and an expanded response which addresses field innovations including counseling and testing, community-based care, and an increased emphasis on behavioral surveillance.

IMPACT has received significant expressions of interest by the global USAID community in its first year despite the understandable level of field confusion about the multiple procurements which comprise the Global Bureau strategic objective 4. As noted above, IMPACT efforts to date have ranged from staff hiring and internal systems development, to the design of programs in a number of countries and the provision of support to initiate activities across three geographic regions. The project looks forward to further acceleration of implementation during the coming period.

In keeping with HIVD guidance, this report follows the format and organization of the first year workplan.

## **II. PERFORMANCE REVIEW**

### **SO4**

*To increase the use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS epidemic*

#### ***S04 PROJECT LAUNCH ACTIVITIES***

##### **PL 1) Develop marketing strategy and implement marketing plan**

During this period it was important for Missions to learn about IMPACT capabilities, experience and approaches. To make this possible, the IMPACT partners planned to meet regularly to share marketing ideas and information. Additionally, with FHI's team-based approach in place, a marketing strategy was to be developed in-house and a basic marketing package produced and disseminated.

The first meeting of the IMPACT Management Council marketing sub-committee was held on December 16, 1997. Thereafter, it was determined that the routine business of the sub-committee could be handled through 1) electronic communication means and 2) through the medium of the regular Management Council meetings. Sub-committee members determined the information about IMPACT that Missions required; the countries that should be immediately contacted; and the type of marketing package that

should be developed. They have each completed a country matrix indicating countries in which each partner has offices and contacts and have contributed other relevant information for use in the development of the IMPACT marketing tools and strategy. FHI has researched strategic objectives and budgets for each country and shared this information with partners.

As part of the FHI in-house marketing strategy, introductory letters were faxed to 40 Missions and were followed up by personal telephone calls. In an effort to compile current information about each country, electronic country profiles have been developed. Contact information, Mission strategic objectives, telephone conversations, trip reports, marketing actions, and on-going activities by IMPACT partners, are filed in electronic folders which provide easily accessible marketing background information.

An IMPACT brochure was developed and is available for marketing dissemination. Fact sheets are being developed and will be added to the marketing package.

The FHI in-house team will continue to meet and make recommendations to senior management for marketing activities. FHI senior management as well as partners will continue to make contacts with Missions for marketing purposes and marketing materials will be developed and disseminated as necessary.

Finally, IMPACT sent representatives to each of the regional AIDS conferences – in Africa, Asia and Latin America – to meet with Mission personnel and other key stakeholders.

## **PL2) Conduct mission orientation visits by IMPACT staff**

During the reporting period IMPACT staff visited a number of target countries to introduce the project and identify opportunities for support.

In the Africa region, three countries have provided initial support: Zambia, Madagascar and Rwanda. During the reporting period, informational visits were made to Ghana, Kenya, Malawi, Nigeria, Rwanda, Senegal, Zambia and Zimbabwe as well as to REDSO/WA to discuss opportunities under the Family Health Project. In each of these cases with the exception of Kenya (which is in the process of designing their next HIV/AIDS project), program opportunities were identified and plans were set for follow-up assistance (see PL3 below). In addition, IMPACT staff met with Mission staff from Tanzania and Madagascar to discuss potential programming.

In the Asia region, IMPACT received initial funding from Bangladesh, India, and the Philippines. During the reporting period staff met with the Missions in Bangladesh, Cambodia, India, Indonesia, and the Philippines where follow-on opportunities were discussed and planned. In addition, IMPACT is negotiating with the Asia Near East Bureau to provide on-going support to countries in their region initiated and currently managed under FHI's separate bilateral bridging cooperative agreement with ANE.

IMPACT also visited Brazil, Honduras and Mexico during the reporting period to explore activities in each of these countries and conducted a series of phone discussions with El Salvador, Nicaragua and the Dominican Republic. Brazil, Honduras, Mexico and Nicaragua have already provided funding to IMPACT. Funding designated for IMPACT from the Dominican Republic has been mis-assigned to another USAID program but will be reallocated during the next reporting period. Program activities are anticipated in each of these countries as defined in the following section.

Missions' responses to IMPACT site visits have been positive despite the understandable level of confusion in the field with the new Global Bureau SO4 programming package.

### **PL3) Conduct assessment, workplan and subagreement development visits for HIV/AIDS programming.**

On-going discussions took place throughout the reporting period in response to Mission needs for IMPACT assistance. Assessment team visits were conducted in Cambodia, Ghana, India, and Mexico, which will lead to the development of IMPACT activities in those countries. A needs assessment was planned for Nigeria but had to be postponed due to the decertification of Nigeria to receive USAID funding. A waiver was expected but not yet received by the end of the reporting period.

Detailed scopes of work to provide for FY98 field support funding and/or workplans were developed for a number of countries and regions including Ghana, Malawi, Rwanda, REDSO/WA, Bangladesh, Cambodia, the Philippines, Brazil, Honduras and Mexico during the reporting period.

#### Ghana

In Ghana, IMPACT conducted a joint needs assessment with USAID and UNDP that reviewed and assessed the status of the national policy guidelines, intervention programs, management of the National AIDS Control Program (NACP) and its coordination with the Ministry of Health (MOH), role of private sector in HIV/AIDS prevention, status of HIV-related research activities, the role of donor agencies and NGOs/PVOs in HIV/AIDS prevention and care. During a follow-up visit to Ghana in the next reporting period, the scope of work for IMPACT activities in the country will be finalized and proposals with implementing agencies will be developed.

#### Malawi

In Malawi, IMPACT developed a scope of work with the Mission for comprehensive programming support that will be included in the extension of the Mission's bilateral Support for AIDS and Family Health (STAFH) project. Activities will be further developed once the project extension is finalized. In West Africa, IMPACT developed a scope of work for collaborating with the regional Family Health Project in the areas of STI case management, behavioral surveillance and community-based care and treatment.



In Ghana, IMPACT attended a cooperating agencies meeting for family planning and reproductive health programming, identified a number of small activities that could be undertaken in support of HIV efforts and laid the groundwork for a more comprehensive needs assessment to be conducted in the next reporting period.

#### REDSO/West Africa

FHI in collaboration with Santé Familiale et Prévention du SIDA (SFPS) will contribute to three primary results for the REDSO/WCA project. The current scope of work responds to the evolving needs as the HIV/AIDS epidemic matures. The results are: (1) Strengthened capacity in prevention and management of STIs in Family Planning clinics in Côte d'Ivoire; (2) Improved capacity of health care workers and the community to provide relevant care and management for people infected with HIV in Côte d'Ivoire; and (3) Increased availability of and capacity to generate and apply behavioral and biomedical surveillance data to monitor and evaluate HIV/AIDS/STI prevalence and trends.

#### Brazil

IMPACT's six-year program in Brazil will be focused on two of USAID/Brazil's intermediate results; most effective interventions identified and disseminated and; management capacity of selected HIV/STI/RH institutions to provide STI and HIV services increased. In collaboration with Pathfinder do Brazil, PSI/DKT and in partnership with MSH and ASF, FHI will act as lead CA on these IRs. The program will examine existing programs, select effective interventions and actively disseminate these in the priority states of Rio de Janeiro, São Paulo, Bahia and Ceara. Additionally, selected public and NGO sector institutions will receive management capacity building technical assistance and training.

#### Honduras

The IMPACT project will focus its technical assistance in Honduras on strengthening the capacity of the umbrella NGO, Fundacion Fomento en Salud (FFS), and its NGO and public sector subagreement recipients. This technical assistance will be designed to reduce sexual risk through behavior change initiatives, improve STI services, enhance prevention and care, increase private sector involvement and strengthen monitoring and evaluation. The results of this assistance will be a strategic communications strategy, a policy/advocacy plan, training in syndromic management and strengthening organizational capacity within FFS and its implementing agencies.

#### Mexico

IMPACT will provide training and technical assistance to the national HIV/AIDS body, CONASIDA, and selected state-level CONESIDAS in priority states in coordination with the POLICY Project and the HIV/AIDS Alliance. This assistance will focus on standardizing STI norms and building consensus around syndromic management, providing training in priority states on HIV/AIDS and STI norms and conducting algorithm validation and GC studies.

### Philippines

In the Philippines, IMPACT developed a two year scope of work to respond to USAID/Manila's Special Objective: *Rapid Increase of HIV/AIDS Prevented* by contributing to the following activity results: (1) HIV sentinel surveillance, behavioral surveillance and NGO program monitoring systems are coordinated and utilized by the Department of Health, local government (LGU), and NGOs to monitor HIV prevalence and risk behavior among high risk groups with national and local program interventions guided by results. (2) LGUs and NGOs jointly manage and sustain effective STD/HIV/AIDS prevention and control programs in their cities. (3) Policy and environmental/structural constraints to promoting STD/HIV prevention being analyzed, results disseminated and advocacy efforts conducted.

### Cambodia

In February, a technical team conducted a 3-week action plan development exercise, which prescribes the nature and scope of IMPACT/Cambodia activities over five years. As of this report, funds had not yet been received by FHI to initiate preparatory activities, recruit a Chief of Party (COP) and open an office. However, implementing agencies have been identified and candidates for COP have been narrowed to several finalists. It is expected that the IMPACT/Phnom Penh office will be opened in June 1998 and a COP placed by mid-June. Two preparatory data collection activities will be processed through PSI/Cambodia and PATH/Thailand as soon as funds are received.

## **COUNTRY PROGRAM SUPPORT**

### **CS 1) Conduct effectiveness assessment (Brazil)**

USAID/Brasilia sent its HIV/AIDS Prevention Strategy to cooperating agencies on January 28, 1998 with a request for draft workplans to be submitted by March 2, 1998. A CAs meeting was then convened on March 10, 1998 to discuss and agree upon joint workplans. IMPACT prepared a workplan responding to two of the three intermediate results areas. This activity falls under I.R. 1: Most effective program interventions identified and disseminated.

During February and March, IMPACT drafted a workplan for the identification and dissemination of effective interventions in collaboration with its partner, Associação Saúde da Família. At the March meeting, FHI/IMPACT was selected as the lead cooperating agency for this intermediate result. In that capacity, IMPACT developed and distributed a workplan format for use by all CAs.

During the next six months, the workplan will be finalized. IMPACT will coordinate initial meetings with stakeholders to develop the inventory of existing effective interventions and identify gaps for further research.

## **CS 2) Develop strategic capacity building approach for national programs in four priority states (Brazil)**

This activity falls under USAID/Brazil's I.R. 2: management capacity of selected HIV/AIDS and family planning institutions increased.

During February and March, IMPACT coordinated with its partner, Management Sciences for Health (MSH) to draft a workplan for management capacity building. At the March meeting, FHI/IMPACT was selected as the lead cooperating agency for this intermediate result.

During the next six months, IMPACT and MSH will finalize the capacity building workplan, identify NGOs and public sector institutions that will receive technical assistance and initiate participative management development and organizational sustainability assessments.

## **CS3) Increase capacity at national level (India)**

In November 1997 an Assessment Team was convened by USAID/India to assess the needs for an expanded program in HIV/AIDS control and to provide recommendations for a new Mission Strategic Objective. The Assessment Team's Report has now been finalized and USAID/India staff is reviewing the new Strategic Objective document. Consultation with NACO, the National AIDS Control Organization, indicates that priority should be given at this time to supporting the State AIDS Society in Tamil Nadu State and the State AIDS Cell in Maharashtra State.

## **CS4) Increase capacity in Maharashtra State (India)**

In January a set of consultations was requested by USAID/India to support the APAC Project in Tamil Nadu State. FHI/IMPACT has managed the response to this request, including a STD consultation from the University of North Carolina and training of consultants by a staff member of FHI/IMPACT Headquarters in Arlington. A BCC consultation in May is scheduled and other responses to the TA request are being planned.

## **INTERMEDIATE RESULT 4.1:**

Increased quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.

***I.R. 4.1.1 Develop, improve, promote and support multi-channel information, education and communication strategies and complementary interventions to enhance***

*awareness and knowledge of HIV and to reduce sexual risk behaviors in household, school, workplace, other community, national and transnational settings.*

### **R 1.1) Reduce risk behaviors in commercial sex work industry (CSI) and youth in Than, Pune, Mumbai**

Preliminary consultation with USAID/India indicates that FHI/IMPACT will be responsible for designing and implementing the formative research for the new initiative in Maharashtra State, which focuses on the districts of Pune, Thane and Sangli and the Municipality of Mumbai (Bombay). Staff will be recruited to manage this research.

A preliminary decision has also been made about the implementing agency for the Maharashtra Initiative, and FHI/IMPACT has been requested to second to that agency a Program Director who can begin to operationalize the plans when they are officially reviewed and approved.

*I.R. 4.1.3      Develop, improve, promote and support models and strategies to introduce, improve and expand services by public and private health providers to prevent sexual transmission of HIV/STI.*

### **R1.2) Provide technical assistance to improve STI/HIV services (Mexico)**

During this reporting period an assessment and planning visit was conducted in order to further define IMPACT activities in Mexico. The main areas USAID/Mexico will be working in are improving the policy environment for HIV/AIDS/STIs and increasing the capacity of governmental and non-governmental partners to deliver effective HIV/AIDS/STI services and information. CONASIDA, the National Council for AIDS Prevention and Control, is the major partner of USAID in HIV/AIDS prevention program in Mexico.

The USAID strategy for collaboration with CONASIDA includes assistance in three areas: (1) support for the decentralized HIV/AIDS strategic planning process (POLICY project); (2) support for the development and supervision of STD norms for Mexico (IMPACT project); and (3) NGO strengthening for HIV/AIDS prevention and care (The NGO Alliance). Additionally, the MEASURE project provided assistance to the USAID mission in indicator development early on in the strategic planning process and will be supporting activities in data collection and use.

IMPACT's activities, although not fully defined, will prioritize working with CONASIDA to develop and disseminate STD norms. Efforts will be made to rectify the paucity of STD data in Mexico, both biologic and behavioral, to support the acceptance and widespread use of these norms. Additionally, training and supervision in the HIV/AIDS and STD norms will be strengthened. The specific activities related to these

two major areas of assistance have not been fully delineated. Subsequent to the in-country visit, IMPACT staff met with USAID staff, The Policy Project staff and the USAID/Mexico representative to ensure that there was coordination of activities in Mexico. During the next reporting period the IMPACT workplan will be finalized and activities in Mexico will begin.

### **R1.3) Provide technical support to improve STI/HIV services (Zambia)**

The purpose of this activity is to provide technical support to improve STI/HIV programs in Zambia by working with Project Concern International (PCI) to identify and disseminate best practices throughout the country. Initial steps have been undertaken as planned.

Technical assistance was provided to PCI for a two-week period in February. During this time, IMPACT worked with PCI to develop a framework for a best practice workshop and to identify appropriate principles and practices for emphasis during the workshop. As part of this process, focus group discussions were held with district level implementers of community and home based care programs; orphans and disadvantaged youth; young people and religious leaders. Meetings were also held with a working committee made up of government, NGOs, church agencies and UNAIDS to discuss the process of scale-up and expanded response to the AIDS epidemic.

The national best practices meeting planned for this reporting period was postponed to May so both that meeting and the proposed follow-on regional meetings will take place in the second half of the year.

## **INTERMEDIATE RESULT 4.2**

Enhanced quality, availability, and demand for STI management and prevention services

***I.R. 4.2.1 Develop, promote and support policies, guidelines and programs which increase availability, quality and demand for STI services in private and public health settings***

### **R2.1) Validate syndromic approach (Philippines)**

The Department of Health and PATH/Philippines have developed guidelines for STD syndromic management and trained over 1200 service providers in the use of the guidelines. Under IMPACT the Mission has requested that IMPACT conduct an assessment of the guidelines and the risk assessment tool. During the reporting period it was planned that IMPACT would develop and test a sampling instrument, develop the protocol and train study personnel. This activity will begin once a Resident Advisor has been hired.

## **R2.2) Establish system for periodic STD prevalence and resistance studies (Philippines)**

A protocol for sampling and testing is being developed by the Department of Health, and will be implemented with assistance from the Research Institute for Tropical Medicine. Because of the highly technical nature of the activities requested by USAID/Manila, and because the Asia Regional Office of FHI has no STD expert, IMPACT will place a full-time STD expert in Manila beginning June 1998. At that time, it is expected that protocols will be rapidly finalized for all three activities.

## **R2.3) Support social hygiene clinics (Philippines)**

This activity is designed to improve the use of the Philippines' network of Social Hygiene Clinics. During the reporting period it was planned that a strategy would be developed through a participatory process with the local government and other groups. This activity will begin once a Resident Advisor for the Philippines has been hired.

### **I.R. 4.2.2      *Support research to identify, test and apply improved approaches to prevent and manage STI***

## **R2.4) Enhanced STD management services for high risk groups (Madagascar)**

During this reporting period the STD treatment guidelines started under AIDSCAP in collaboration with The Policy Project, UNAIDS, the World Bank, the Ministry of Health of Madagascar and USAID/Madagascar were finalized and sent to the printer. An exploratory meeting with a USAID/Madagascar representative and ongoing correspondence with the mission during this reporting period have not resulted in an agreement on the most strategic use of this money. A meeting is planned in Washington during the next reporting period to further discuss this issue.

### **I.R. 4.2.3      *Develop, improve, promote and support public and private sector initiatives (including community-led initiatives) to deliver high quality STI prevention case management services.***

## **R.2.5) Strengthen STI services (REDSO/West Africa)**

In conjunction with the Unified Management Team of the SFPS project and REDSO/WCA, IMPACT is to develop a workplan for improving STI services. During the reporting period, it was planned that in-country participatory meetings would be held to develop and begin implementation of the workplan.

The workplan was developed and revised based upon the in country meetings. It was agreed that activities would result in strengthened capacity in diagnosis, management and treatment of STIs using the syndromic approach in the health care delivery system in Côte d'Ivoire. During the next six months, activities in the workplan will commence including an assessment of syndromic approach utilization in family planning (FP) clinics, development of supervision and evaluation to monitor quality of care in clinics, and development of training for FP practitioners and private clinic practitioners.

### **INTERMEDIATE RESULT 4.3**

Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

**I.R. 4.3.1** *Enhance the knowledge and awareness among policy-makers of the social, economic, cultural and health impacts of HIV/AIDS, and of the potential strategies to address them*

#### **R3.1) Conduct policy/advocacy efforts (Brazil)**

Based upon the USAID/Brasilia HIV/AIDS Prevention Strategy, FHI/IMPACT revised its workplan for Brazil. This activity will not be conducted.

#### **R3.2) Promote care and treatment in West Africa**

Activities planned included collaboration with REDSO/WCA to develop the scope of work, in country participatory meetings, and beginning implementation of the scope of work.

The workplan was developed and revised based upon in country participatory meetings. Implementation has not begun because finalization of the revised workplan is still pending and funds for implementation have not yet been received. Activities in the next six months will include provision of technical assistance and training to strengthen voluntary counseling and testing in Côte d'Ivoire, and strengthening community-based organizations who are involved in care of persons with HIV.

### **INTERMEDIATE RESULT 4.4**

Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services

**I.R. 4.4.3** *Expand and strengthen the capacity of key indigenous NGOs, religious organizations and social sector institutions to deliver HIV/AIDS information and services.*

#### **R4.1) Support Honduran program management and build capacity**

Activities planned during this reporting period included finalizing the request for applications (RFA) for NGO project proposals and development of a program strategy.

During this six-month period, FHI staff provided technical assistance to Fundación Fomento en Salud (FFS) resulting in finalized intermediate results and indicators for the FFS program, a plan for FHI technical assistance and a final version of the RFA for NGO project proposals. Additionally, FHI supported FFS through a Letter of Agreement, which covered institutional costs and technical assistance. This allowed time for FFS to respond to issues identified in the pre-award survey leading up to the award of the USAID cooperative agreement. Finally, through a Letter of Agreement with the Ministry of Health, FHI supported travel and per diem costs to enable MOH staff to monitor sentinel surveillance sites.

During the next six months, a behavior change communications (BCC) consultant will provide technical assistance and training to FFS that will result in the development of a national BCC strategy and the contracting of an advertising firm to implement the strategy. An additional consultant will provide training to FFS and NGO staff on human sexuality as it relates to HIV/AIDS and effective approaches to changing behaviors among target groups. FHI staff will work closely with FFS and USAID/Honduras to schedule additional technical assistance for the development of a policy/advocacy plan, follow-up training on syndromic management and a plan for organizational development in program management and strategic planning.

#### **R 4.2) Support Brazilian organizations in implementation of effective interventions**

This activity was scheduled to be conducted between July and September 1998. It should be rescheduled for January – March 1999.

### **INTERMEDIATE RESULT 4.5**

Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trend and program impacts.

#### **I.R. 4.5.1.     *Establish and/or strengthen surveillance and evaluation systems***

#### **R5.1) Conduct male risk behavior survey (Philippines)**

To determine the vulnerability of the Philippine population to a broad-scale epidemic, it is essential that a widespread survey of males age 15 to 39 be conducted to estimate the percentage who engage in risk practices. No such survey has been done to-date. Activities planned for this period included development and field testing of an instrument as well as training field workers. In the second half of 1998, an implementing agency will be chosen and methodological parameters will be developed.



### **R5.2) Support integrated surveillance systems**

The activities planned for this reporting period included consultative meetings with partners and identification of key countries.

There have been several collaborative meetings with partners, beginning with planning sessions with BUCEN in the first quarter and discussions with MEASURE, HORIZONS and UNAIDS in the second quarter. Discussions have explored who is collecting data, what kind of data are being collected and where, how to improve data collection methodologies, and what are appropriate areas for standardizing data collection instruments.

A meeting jointly sponsored by UNAIDS and FHI with participants from MEASURE, HORIZONS and USAID, has been planned for the next reporting period. The purpose of the meeting will be to discuss the role of behavioral surveys for donors and national programs; general population surveys and target group specific surveys; second generation surveillance; and the linking of behavioral and biological data. An FHI staff person has also been attending meetings of the FOCUS project Monitoring and Evaluation Research Working Group, which is dealing with indicators and evaluation methods for reproductive health of adolescents.

### **R5.3) Expand repertoire of indicators**

Activities planned for this period included participation in the indicator development working group; facilitation of collaborative efforts among organizations involved in indicator development; and, validity testing of indicators.

FHI staff has been heavily involved in contributing to a handbook of STI/HIV indicators in collaboration with MEASURE II. Specifically, FHI provided 14 of the indicators described in the first draft. These indicators are based on the indicator development efforts that began under AIDSCAP. FHI staff continues to meet with MEASURE and the partner CAs to insure coordination and collaboration on indicator and questionnaire development. Plans are underway to conduct secondary data analysis to examine the sensitivity of the indicators; however, specific plans for validity testing have not yet taken place.

### **R5.4) Support behavioral and biological surveillance in West Africa**

Activities planned included collaboration with REDSO/WCA to develop a scope of work and budget and conducting regional participatory meetings to assess needs and develop a workplan. Implementation of the workplan was to begin.

The scope of work and budget were developed and revised based on in country participatory meetings. As the workplan remains to be finalized, activities have not yet

begun. In the next six months, technical assistance and training will be provided for a pilot round of data collection among various target populations in Côte d'Ivoire. Technical assistance will also be provided to strengthen existing HIV/STI surveillance systems.

**I.R. 4.5.2**     *Develop validate and disseminate improved tools and models to determine HIV/AIDS/STI levels, trends, intervention costs, and program impact.*

#### **R5.5) Validation and application of AVERT Model**

A manuscript on AVERT was submitted for publication in the Journal *AIDS* in which the purpose, logic and relative advantage of this novel model is described including practical examples of its applications.

The development of a software version for public domain use has been completed. A user manual describing in detail the different aspects of the AVERT model has been finalized and is now ready to go the printer. The manual and the software program are planned to be widely distributed in the coming months.

A further practical application of the AVERT model was recently carried out in India to assess the impact of the Sonagachi Project in Calcutta on the reduction of new HIV infections. Several scenarios have been generated to illustrate estimated intervention effects.

In order to validate the accuracy of the AVERT model's estimates against the number of new infections observed in a real life situation, data were used from a recently completed randomized controlled trial with female sex workers in Cameroon. This study provided detailed data on the number of sexual acts per year with clients and non-clients, corresponding levels of condom use, and estimates on the prevalence of STDs during the study period. The comparison with the actual seroincidence data not only confirmed the validity of the model's estimates but also showed its potential to provide additional options in data analysis.

Additional validation exercises with the AVERT model are planned for the near future. We are currently in the process of identifying suitable data sets from HIVNET cohorts for analysis with AVERT.

**I.R. 4.5.3**     *Develop mechanisms to support timely dissemination and use of monitoring, surveillance and impact research by field programs and policy dialogue activities.*

**R5.6 Develop program for dissemination of effective interventions**

No activities were planned for this reporting period.

**PROGRAM MANAGEMENT/START UP****PM1) Participate on SO4 and establish IMPACT advisory bodies**

During the reporting period IMPACT participated in the inaugural meeting of the SO4 Implementation Advisory Group in December 1997. The meeting provided an important opportunity for all of the cooperating agencies to begin the process of team building and to seek opportunities for collaboration. IMPACT agreed to participate in a number of smaller working groups addressing financial and program reporting and workplanning.

Additionally, during this time IMPACT organized and convened the first meeting of its internal project Management Council. The Council is comprised of representatives of each of the IMPACT partner organizations and serves as a venue for discussing project development and implementation issues and the participation of IMPACT's partners in ensuring project success. A major component of this first meeting was a discussion leading to the marketing strategy for the project. The MC will meet twice annually during the first year with the potential for "virtual" meetings of the members as needed between official meetings.

IMPACT will also be served by a Technical Advisory Group. The composition of this group will be defined during the next reporting period.

**PM2) Hire staff and establish management systems, procedures and guidelines.**

A major focus of the first six months of the project was finalizing the IMPACT staffing configuration and establishing systems relevant to the cooperative agreement. In this instance, FHI staff for IMPACT were drawn from the AIDSCAP project which was ending over the first three months of IMPACT start-up. During this period, an orientation was conducted to familiarize staff with the objectives of the project, and the working procedures and systems. Of particular importance was creating for staff a clear sense of unique characteristics of IMPACT and a vision of the project, which differentiated it from the concluding AIDSCAP project.

A wholesale review of FHI systems developed under AIDSCAP was also launched to identify and effect the necessary changes relevant to a cooperative agreement. These revised systems will address such things as negotiating field participation, participatory program design, subagreement development, tracking project progress toward the achievement of Mission and Global Bureau results, and meeting the requirements for

USAID substantial involvement under the cooperative agreement. The focus of these efforts is also to facilitate appropriate management decentralization.

These efforts will continue over the next year as IMPACT evolves and field-based programming requirements become clearer.

### **PM3) Develop the IMPACT expanded response strategy**

The IMPACT strategy for an expanded response to HIV/AIDS is in its penultimate draft. Based on AIDSCAP's lessons learned, discussion with other agencies involved in HIV/AIDS prevention and care and a review of the literature a strategy has been conceptualized and written. In February, the partners distributed it for review internally at FHI. A revised draft is now final and will undergo one final review before dissemination.

In brief, the strategy for the expanded response proposes key interventions designed to (1) reduce HIV transmission risk, (2) strengthen HIV/AIDS care and support, (3) support government and communities for sustainable response, and (4) improve the availability and use of data for decision making. The strategies are designed to intervene simultaneously and at multiple levels -- influencing individual and societal norms, improving the health infrastructure and alleviating structural and environmental constraints. The strategy also reflects the core values of participation, community empowerment, gender sensitivity, collaboration, capacity building and applying good practices. In the next reporting period the strategy will be finalized, published and distributed.

### **PM 4) Develop capacity building tools**

The purpose of this activity is to prepare for an initial period of capacity building with IMPACT staff, consultants and implementing agencies to help them update and master skills necessary for state of the art HIV/STI prevention and care programming. To this end, a number of subactivities dealing with the development and dissemination of capacity building tools were planned. All are now being undertaken.

The development of management tools and training modules is undertaken in part by an in-house working group, which has already designed consultant-briefing packets with programmatic and technical country-specific information. Management tools for country level staff will be developed based on specific assessments of their needs.

The Evaluation tool, "Monitoring and Evaluating Capacity Building" is completed and ready to be printed, while the module "Survey Measurement and Sampling" is in the final stage of preparation. The BSS Proceedings from the Bangkok Workshop are being widely distributed and a French version is being prepared.

Three new behavior change communication handbooks (Behavior Change Communication for the Prevention and Treatment of STDs; Policy and Advocacy in HIV/AIDS Prevention; and Partnership with the Media) were disseminated to all Missions in December and are made available for all IMPACT implementing agencies. Only five of the nine handbooks are currently available in French and plans are being made to have the others translated. Eight have been translated into Spanish and these plus the French editions will be printed during the next quarter.

Prototype care and prevention materials (eight different “Emma Says” comics in various languages) have been made available for distribution and use as prototypes in materials development workshops.

### **PM5) Conduct team building training and orientation**

During the period FHI began to examine the potential benefits of increased team management. Towards this end a 2-day all-staff retreat was convened to identify how team management could be more widely applied to the project. Two immediate areas for team application were identified (IMPACT marketing and staff orientation) and a series of in-house activities were identified to assist staff in the formal adoption of the team approach. The following activities were to be conducted: a management consultant firm was to be selected, staff interviewed for input, a workshop for staff conducted, and the team management approach adapted and revised as required.

All of the above activities were accomplished. Initially two management teams were established with specific scopes of work. One of original teams completed their scope of work and disbanded, and a number of new teams have been created. Over the next six months, it is anticipated that the work of team building will continue to be adapted with the ongoing assistance of a management consulting firm.

### **PM6) Undertake skills building**

Under this component, IMPACT staff is to be trained in a number of specific techniques and strategies to improve program design and implementation including USAID strategic frameworks and program monitoring and evaluation. During the period the project conducted its initial training in USAID strategic framework design and management during the staff orientation. As a follow-up over the next few months, this training will be refined in a specific training package that includes USAID’s reengineering principles and can be used with field staff.

IMPACT also created a team to identify strategies for improved field-based program monitoring, management and evaluation. This team will develop procedures and guidelines to strengthen the capacity of field managers to effectively provide critical oversight and support to implementation activities. These systems will be incorporated into a training package for field use.

### **D1) Participate in Geneva Conference**

Activities planned for this period included submission of abstracts for the 12<sup>th</sup> World AIDS conference and organization of the MAP and the C&T symposiums.

Planning and coordination activities commenced for participation in the 12<sup>th</sup> World AIDS Conference in Geneva, Switzerland, to be held on 28 June to 3 July 1998. This included submission of 22 abstracts for consideration by the conference organizers for oral and poster presentations; and submission of a skills building workshop idea to the conference organizers entitled, “Designing and Implementing a Community-based Behavior Change Communication Project on Sexually Transmitted Infections.

Because Family Health International, along with USAID, is one of the organizing sponsors of the two-day, pre-conference “International Symposium on HIV Prevention,” IMPACT staff have had a significant amount of input into the topics being presented and discussed at this symposium, to be held in Geneva on 27-28 June 1998. Several IMPACT staff are invited chairs, and the IMPACT Project Director is the closing plenary speaker. IMPACT also facilitated the mailing of the symposia announcements to several thousand non-governmental organizations, ministries of health and other government agencies, and universities in Asia and Africa.

Finally, IMPACT continued to work jointly with its partners—the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health and the Joint United Nations Programme on HIV/AIDS (UNAIDS)--in the Monitoring the AIDS Pandemic (MAP) Network to plan two pre-conference symposia: a two-day one on “The Status and Trends of the Global HIV/AIDS/STD Pandemic 1998” and a day-long one on “The Status and Trends of the HIV/AIDS/STD Epidemics in Eastern Europe. IMPACT continued to be the Interim Secretariat for the MAP Network, following its predecessor project, AIDSCAP, which was the MAP Interim Secretariat since its creation by FHI’s aforementioned partners in December 1996.

### **D2) Publish an IMPACT magazine**

The activity planned during this reporting period was collection of information from the field for inclusion in the IMPACT magazine. IMPACT staff began planning the first issue of the IMPACT magazine that will be published in September 1998. Discussions have been held with freelance writers based in IMPACT countries, and workplans are under review for activities taking place that offer enough information accumulated so far on which a magazine article can be based. Story suggestions are being solicited from IMPACT and FHI field offices as well as from other field-based NGOs. Assignments will be made in May and June, and editing will take place from June through August.

### **D3) Information Dissemination**

Negotiations with Rapid Science, the London-based publisher of the journal, *AIDS*, took place on obtaining 1,000 additional copies of the supplement of this journal being

prepared by former AIDS Control and Prevention (AIDSCAP) Project staff. It will contain 18 key articles on HIV/AIDS/STI prevention research and intervention activities that took place during the AIDSCAP Project, the Family Health International (FHI) predecessor project to IMPACT. This special supplement to the prestigious journal, *AIDS*, will be published in June 1998, and it will become the first IMPACT English-language mailing that will be sent to approximately 1,000 organizations and other recipients in developing countries.

Plans are also underway for the second English-language packet, which will include one or more articles from the special supplement to *Sexually Transmitted Infections*, formerly *Genitourinary Medicine*, which also is being prepared by IMPACT staff. These articles will be balanced with important articles selected from other professional journals. The second packet mailing will take place in September.

### **III. COUNTRY PROGRAM SUMMARY**

#### **Rwanda**

USAID/Rwanda has committed to the IMPACT Project for a two-year period, beginning January 1998 and concluding December 1999. USAID/Rwanda has requested IMPACT's assistance in implementing a program designed to increase the capacity of four of the country's health regions -- Byumba, Gitarama, Kibungo and Kigali -- in decentralizing public sector STI/HIV/AIDS clinical services and related information, education and communication (IEC) activities. IMPACT technical assistance and funding will be directed primarily towards the four regional health offices. In addition, community networks, community-based organizations and local non-governmental organizations will be involved in implementing small-scale projects that will demonstrate the importance and capacity of these groups to conduct effective, relevant and low-cost prevention efforts.

Start-up of IMPACT activities in Rwanda was facilitated by the fact that FHI already had an office established in Rwanda with competent staff, including a resident advisor. As a first activity, the country office, with assistance from other IMPACT headquarters' staff, developed a detailed workplan and budget based on the mission's scope of work and indicators for tracking progress and the achievement of results. Most of the activities planned for this reporting period focused on project launch, including hiring additional country office staff and making visits to the health regions to design subprojects.

The country office successfully hired a program assistant. Several candidates were interviewed for the expatriate position of IEC/BCC coordinator. An offer of employment is pending USAID/Rwanda's approval of the revised budget. The country office conducted working sessions with personnel from each of the health regions to develop action plans that define project activities, indicators, a workplan and budget. These action plans will be funded through subagreements under IMPACT. The country office also began planning a gonococci resistance study with the National AIDS Control Program to collect data on the level of resistance of gonorrhea for the most common

antibiotics. This data will be useful in adapting and updating the national STI treatment guidelines.

An unexpected outcome of the quarter was the development of the first small-scale project, which will be implemented by World Relief International/Rwanda (WRI). WRI will develop a pastoral counseling manual focused on STD/HIV prevention. Once developed, 2000 copies will be developed for distribution to church leaders and to church-managed libraries and health centers.

The major activities planned for the next six months include: awarding funding to the four health regions; coordinating two national level training programs in the area of STIs and IEC; conducting a baseline assessment to determine current capacity in the health regions; designing a capacity-building strategy and specific training activities; implementing four demonstration projects and the gonococci resistance study and reviewing STI guidelines.

#### **IV. PROBLEMS/CONSTRAINTS**

IMPACT faced relatively few constraints during this start up period. As noted earlier this is due to the availability of experienced staff who were able to rely on and adapt as necessary existing systems and procedures for addressing field needs.

Project constraints that were faced include:

1. Smaller initial funding levels. Country funding levels obligated or reserved for IMPACT are generally smaller than originally expected reflecting the multiple procurement options which the Missions are using to secure technical services for field implementation. This will require, at least initially, a greater level of headquarters management and coordination since programming and funding levels will not require nor support in many instances a strong resident country presence.
2. Confusion about procurements. As noted elsewhere in this report, Missions have experienced some confusion regarding the various procurement options provided under the SO4 structure as well as other USAID centrally-funded projects. This has required significant attention by HIVD, IMPACT and others to educate Missions about the advantages and disadvantages of various programming options.
3. FY98 Field support funding delays. Although significant funding has been reserved for IMPACT by missions from their FY98 field support funds, these monies will not be available to IMPACT until the next reporting period. In the interim, IMPACT has supported a number of design activities



with core funding but must wait for broad scale implementation until the field support funds are transferred to the project.

The above constraints are to be expected as new procurements are launched and are being effectively dealt with within this context. We do not anticipate these constraints to continue beyond year one.